I. Purpose:

This policy describes how persons waiting for services are screened and selected for services using an individualized services system. In this system, using standardized reimbursement rates, individuals are screened into funding allocations that are called resource vacancies. Resource vacancies are not attached to the provider of service, but are retained by the state until the resource vacancy is filled.

Resource vacancies available in adult services, (with the exception of congregate openings), up to a $23,000 dollar funding amount will alternately be available for both adult and children's openings. This funding range does not include Children's Group Homes. When a resource vacancy is available for a children's screening because an opening occurs due to a child's transition into adults services, the Children's Waiver Services Policies and Procedures as outlined in the policy dated July 1, 2011 must be followed. An adult or Children's Group Home screening will follow the process and procedures outlined in the Adult Services and Children's Group Home Policy dated July 1, 2011. Once an individual is screened into a resource vacancy that is non-congregate, they can select services from available qualified providers able to serve them.

II. Definitions

Adult Services: Adult services are referenced in sections 37.34.701 through 37.34.988 sub chapters 7 and 9 of the Administrative Rules of Montana (ARM) and include residential, day, and all other services available through the Home and Community Based Waiver and non-Medicaid funds. An individual may enter adult services at age 18. Under exceptional circumstances an age exception may be granted by the Program Director and an individual may enter adult services at age 17. Services are delivered by qualified providers who are responsible for the comprehensive provision of services based on the geographic locations outlined in the provider's contract, each of which is qualified by the Developmental Disabilities Program to serve. Montana is divided into geographical regions that are managed by a Regional Manager.

Case Manager*:* A person employed by either a contractor or the Developmental Disabilities Program (DDP), who assesses individual service needs, assists persons to access services, coordinates the planning process, monitors services delivered, and provides crisis management. A Family Support Specialist (FSS) is the Case Manager in children's services and makes the referrals for adult services for children who receive Children's Waiver Services.

Congregate Living: A group living setting, including group homes and supported living, billed under shared staff.

Developmental Disabilities Program (DDP): Located in the Developmental Services Division of the Montana Department of Public Health & Human Services. The Department contracts with qualified providers to provide community-based services to eligible persons with Developmental Disabilities and their families.

Eligibility and Referral Specialist: An individual employed by the Developmental Disabilities Program to determine eligibility for services, assure referral information is complete and facilitate the screening process for placement into services, when a resource vacancy or opening occurs. The Eligibility and Referral Specialist is responsible for maintaining data in order to determine when a resource vacancy will be allocated to adult and children's services.

Enhanced Vacancy Range*:* This is a Resource Vacancy Range that has regional annualized dollars added to the upper and lower end at the discretion of the Regional Manager.

Estimated Individual Cost Plan: A cost plan developed by the Case Manager to estimate an allocation of dollars to meet the service needs for adults who are considered 'outliers' by the MONA.

Family: The natural parents, adoptive parents, foster parents, grandparents, guardians, stepparents or others with whom a person lives, and persons who are legally responsible for the person's welfare.

Individual Cost Plan (ICP): An actual allocation of dollars determined to meet the needs of the person served.

Individualized Family Service Plan (IFSP): A written person-centered plan for organizing and directing the delivery of Medicaid Funded Children's Waiver Services and Non-Medicaid funded Family Education And Support Services to a child and the child's family. The personalized plan is based on a family's concerns and priorities for resources, supports, assistance and the child's needs and capabilities. The plan helps each family establish and achieve its goals. The plan is part of a dynamic planning process undertaken by an interdisciplinary team. The family is the primary member of the team and guides the service plan.

Individual Needs Range*:* The range of dollars needed to provide services to a person. For the purpose of adult screening, ranges will be calculated as follows:

Lower end of range:

MONA or Estimated Individual Cost Plan, minus 20%, or $4000 , whichever is greater, then minus any Individual Cost Plan Transferable Funds. This allows more people needing small amounts to be considered because the range is expanded to a minimum of $4000 which is approximately 20% of $20,000 which is at the lower end of the MONA's "bell" curve.

Upper end of Range:

100% of MONA or 100% of estimated Individual Cost Plan for Outliers.

Individual Cost Plan(ICP) Transferable Funds: The total annualized allocation of funds in an individual's ICP allocated to them on an annualized basis.This excludes one time funds or temporary funds.

Funds from these services are not transferable:

Community Supports, Children's Non-Medicaid funded Family Education And Support, Part C, Evaluation and Diagnosis, and any other services purchased through contract and not through the Individual Cost Plan system.

Medical Group Home Clinical Criteria Worksheet: This tool is used in place of the priority rating scale for medical group homes only.

Mini- MONA: A resource allocation tool used to determine support needs in Children's Waiver Services for children up to the age of 16.

MONA*:* The Montana Individual Resource Allocation Protocol (MONA) is a protocol designed to ensure the fair and equitable allocation of Waiver resources to support people with Developmental Disabilities.

Opening Report: A weekly listing of service openings sent from the Developmental Disabilities Program Central Office.

Outlier: Persons with an estimated resource need that falls above or below the measurable limits of the MONA or Mini-MONA. These are generally the uppermost and lower most 10% and usually indicate either very high levels of independence requiring limited need for paid support or extreme behavioral or self care needs that require enhanced support needs for the consumer.

Personal Support Plan (PSP): Used in adult services, this is a plan developed by the individual, his/her Case Manager and his/her support team, building services and supports around the person's hopes, dreams, and "Vision", incorporating what is important "for" and important "to" them.

Planning List: A compilation of persons who will need and will accept services in the future. Persons on the planning list will not be considered for vacancies or resource vacancies until they are within 30 days of their desired and eligible start date and reside in the state. At that point they will be considered waiting, provided their referral has been completed by their Case Manager and is up to date.

Porting: A person may change services or providers using his or her funding allocation according to the *Individualized Services and Porting Policy*.

Priority Rating Scale: A rating scale used to determine the needs of a person as compared to other persons waiting for services. This tool is also used in screening for Children's Group Homes.

Quality Improvement Specialist (QIS): A person employed by the Developmental Disabilities Program in a field-based position responsible for monitoring qualified providers and making "Children's Waiver Services" placement decisions, based on the referral packets and the Children's Waiver Services Policies and Procedures effective July 1, 2011, when a resource vacancy is available to be screened for children in their region.

Qualifying Individual: For each screening a "Qualifying Individual" is a person who will be considered for the resource vacancy at the screening. A Qualifying Individual for an adult screening is one who:

1. is on the waiting list dated the Friday before the screening date and whose desired and eligible start date is not more than 30 days past the screening date and resides in the state of Montana.
2. has a complete and current referral (referral made or updated within 365 days),
3. is waiting for a service that can be funded by the resource vacancy,
4. will be eligible for the service and has a desired start date not more that 30 days beyond the date of the screening,
5. qualifies financially for the funding of the resource vacancy. If the vacancy is Title XIX the person must be able and willing to obtain Medicaid.
6. has a needs range that overlaps with the resource vacancy range or enhanced resource vacancy range (whichever applies), and

7. is waiting for services in the city (county, or region) of the resource vacancy in accordance with the city county, or region associated with the resource vacancy.

Qualified Provider: An agency determined by the Developmental Disabilities Program to be qualified to provide Developmental Disabilities Services to eligible persons and has a contract with the Department of Public Health & Human Services to provide services to persons and their families.

Regional Manager*:* A person employed by the Developmental Disabilities Program in one of the field-based (Regional) supervisory positions.

Resource Vacancy*:* Annualized individualized cost plan dollars left when a person leaves services with a Qualified Provider.

Resource Vacancy Range: The amount of annualized dollars available to serve an individual. The upper end of range equals the total Resource Vacancy. The lower end of range is equal to 80% of the amount of the Resource Vacancy.

Screening: A process, wherein, the state Eligibility and Referral Specialist is responsible for determining, from a list of eligible applicants, who has the highest service needs based on their MONA and the resources available when an opening or resource vacancy occurs.

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Waiting List*:* A compilation of the names of persons who need services, are eligible and are willing to accept services immediately or within the next 30 days.

III. Provision of Services by Qualified Providers:

Qualified providers must provide services according to their contract for the areas of the Region in which they are qualified by Developmental Disabilities Program to serve. The qualified provider ensures provision of services as follows:

A. The qualified provider must provide by direct provision of services, or as otherwise negotiated, subcontracted, or provided by interagency agreement between two qualified providers. Such provision of services as otherwise negotiated, subcontracted or provided by interagency agreement and all subsequent amendments, must be approved by the Developmental Disabilities Program Regional Manager.

B. The qualified provider may submit notice of intent to decline provision of services to a person under the following circumstances:

The qualified provider cannot reasonably meet the health and safety needs of the person or cannot meet the ongoing health, mental health, ancillary support or compatibility needs of the person. Such documentation should be submitted to and approved by the Regional Manager or designee. Any individual whom a provider declines to provide services to has the right to appeal the decision and /or request a "Fair Hearing" from the Department of Public Health and Human Services, Office of Fair Hearing.

IV. Eligibility and Referral:

The Case Manager gathers eligibility information as outlined in the *Case Management Handbook* and submits the information to the Eligibility and Referral Specialist. The Eligibility and Referral Specialist is responsible for using that information to determine eligibility in accordance with the protocols established in the manual *Determining Eligibility for Persons with Developmental Disabilities in Montana*, by William Cook, Ph.D. Once eligibility is established, a completed ELECTRONIC referral is submitted by the Case Manager to the Developmental Disabilities Program Central Office and the person's name is placed on the Waiting List. Only complete and accurate referrals will be considered for screening purposes. Referrals are considered complete if they have been up-dated within 365 days of the original referral date, are entered on the Waiting List, are certified as complete by the Eligibility and Referral Specialist and include the following components:

1. Waiting List Entry/Change Form (name, service needed, preferred locations, desired start date, brief description, MONA amount (or estimated ICP for outliers) – yearly update required.

2.. Social History (current, complete, accurate) – update needed annually.

3. MONA Amount - updated as individual needs change; MONA allocation page must be attached to the Waiting List/Entry Change

Form at least annually.

4. Estimated Cost Plan if the person is under age 16 and referred for a children's group home or if the person is considered an outlier for the MONA; must be attached to the Waiting List/Entry Change Form at least annually.

5. Skills Assessment

6. Notification Option Form –one time or when option has changed;

7. Psychological Report – to be included in the Initial Referral. It is not necessary to include an additional copy with updated referrals unless the report has been updated;

8. Behavioral Information Form or Individual Behavior Assessment (IBA), (if applicable but updated annually if included);

9. Sexual Offender Evaluation (if applicable);

10. Medical Group Home Worksheet (if applicable);

11. Risk /Needs Assessment, if being referred for Community Supports

Once an initial referral has been submitted and certified as a complete referral with all the required documents by the Eligibility and Referral Specialist, the Case Manager is responsible for all the annual updates to the referral (not to exceed 365 days from the certification date). Case Managers must update the referrals annually and at the time of any significant changes in the person's life.

Required Components of the annual update include:

1. Wait List Entry/ Change Form
2. MONA Cover Page or Estimated Individual Cost Plan

Additionally any component in the original referral may be updated at the discretion of the Case Manager.

Updated referral information is submitted in the same manner as the initial referral.

In order to be considered for a screening and resource vacancy the individual's name must appear on the Waiting List dated the Friday prior to the screening date posted in the "Statewide Opening Report".

A. A person may designate up to three cities in which he or she would like to be considered 'local' for screening at the city level. A screening at the city level will consider all Qualifying Individuals who have designated the city of the resource vacancy as one of their three cities. Any screening that proceeds to the county or regional level will consider all qualifying individuals who have a designated city in the county or region of the resource vacancy. Any person on the city, county or regional Waiting List for that city, county or region will be considered for screening as long as his/her MONA allocation falls in the range of that vacancy resource.

B. Referrals must be updated by the Case Manager at least annually and at the time any significant changes occur in the person's life. Referral packets older than 365 days or not updated within the last 365 days will not be considered for resource vacancies.

1. Referrals will be updated using the standardized statewide Waiting List Update/Change Form. New information or narrative information will be included in the 'comments' section of that form.

2. In order to be considered for a screening, the individual's name must appear on the Waiting List dated the Friday prior to the screening date posted on the "Statewide Opening Report".

C. The Eligibility and Referral Specialist will enter completed service referrals into the Developmental Disabilities Program database. Referral entries may also be entered by the Developmental Disabilities Services Coordinator.

D. The Waiting List for all persons waiting for services in all five regions of Montana is maintained in the Developmental Disabilities Program database.

E. If a person who is receiving other Developmental Disability Services and is on the Waiting List moves to a different region, the new Case Manager is responsible for reviewing and updating the referral packet. The previous Case Manager will send the referral packet to the new Case Manager and new regional office as part of the transition process.

F. The Eligibility and Referral Specialist is responsible for filling out the Priority Rating Scale for each Qualifying Individual for an adult services screening.

V. Screening and Entry into Adult Services and Children's Group Homes:

The Developmental Disabilities Program has developed the following standardized set of procedures for screening all adult services and children's group homes. These procedures must be implemented in all Developmental Disabilities Program Regions of the state.

A. When a resource vacancy becomes available, the Eligibility and Referral Specialist will set a screening date and post the resource vacancy amount via the Statewide Weekly Opening Report within 5 working days. A Screening must be held within 30 calendar days of the vacancy.

B. The Eligibility and Referral Specialist will sort the Waiting List dated the Friday prior to the screening date and select all "Qualifying Individuals" for consideration in screening for the resource vacancy.

C. Children's Group Homes and Medical Group Homes will always screen every qualifying individual in the state who is waiting for that particular service without regard to their city selections. Children's Group Homes will not be screened unless there is a resource vacancy available.

D. A priority rating score will be determined by the Eligibility and Referral Specialist for each qualifying individual. Persons referred from or aging out of in-state or out-of-state residential facilities who are ready for placement or who are in crisis in the community will be given priority for the vacancy if questions A thru E on the rating sheet are answered yes. If it is a congregate living vacancy, the person must also be scored for

compatibility. Otherwise the person with the highest Priority Rating Score will be given the opportunity to choose a qualified provider from those providers who are willing to serve the person.

1. If multiple persons have the same Priority Rating Score, the person with the highest MONA allocation within the needs range will be offered the resource vacancy.

2. If multiple persons have the same Priority Rating Score AND the same MONA allocation, then the person who was on the Waiting List first will be offered the resource vacancy.

E. If no one qualifies within the existing resource vacancy range, the Regional Manager, at his or her discretion and if regional annualized dollars are available, can add funds to the resource vacancy creating an enhanced vacancy range. If there are any qualifying individuals within the new resource vacancy, the person with the highest Priority Rating Score will be given the opportunity to choose a qualified provider from those providers able to serve the person.

F. If no one qualifies within the existing resource vacancy range at the local level, the same process will be used by sorting persons and possibly enhancing the vacancy at the county level.

G. If no one qualifies within the existing resource vacancy range at the county level, the same process will be used by sorting persons and possibly enhancing the vacancy at the regional level.

H. If no one qualifies within the existing resource vacancy range at the regional level, the dollars may be retained by the Regional Office, with approval from the Program Director, to be used for other purposes (e.g. shared with other regions, split or consolidated for crisis needs or other placement issues).

I. The Eligibility and Referral Specialist will be responsible for taking minutes of each Screening and will keep the screening minutes on file. Minutes will include the following:

1. Names of persons screened,
2. Services vacated,
3. MONA allocation for each person screened,
4. Resource vacancy for screening,
5. Names of any screening participants,

6. Priority Rating Score for each person,
7. Screening date and location

VI. Screening and Entry into Medical Group Homes

Because the availability of medical group homes is limited and the need is usually urgent, any person needing a medical group home will be considered for any available medical group home vacancy in the state. In order to be eligible for a medical group home, the following rating system is used in place of the Priority Rating Scale:

A. All individuals must receive a score of 20 or more on the Medical Group Home Clinical Criteria Worksheet to be considered for medical group home admission.

B. The State Medical Director must certify the need for admission and continuing stay.

C. The individual requires nursing care on a daily basis.

D. The policy for selection for medical group homes will be followed.

VII. Categorical Exceptions to Placement Rules

A. The Developmental Disabilities Program reserves the right to screen by a different process during certain circumstances outlined in 37.34.311 of the ARM.

B. With the exception of Medical and Children's Group Homes, vacancies created in congregate settings as defined, will first be screened for services in the agency and in the city where the vacancy occurred. A person accepting a vacancy resource from a congregate setting must accept and utilize services from that provider for a period of 90 days prior to porting those dollars to another provider or service or lose the service opportunity. The 90 days begins from the date the individual begins receiving services.

The provider will notify the Eligibility and Referral Specialist and the Regional Quality Improvement Specialist in writing of the service provision available in their congregate setting. Information must include:

1. The location of the vacancy;
2. Whether the home is accessible (barrier-free);
3. Whether there is accessible transportation available;
4. Ages of others living in the home;
5. Gender requirement if any; and
6. Other information that would have bearing on the physical placement of another individual.

C. The capacity for medical group homes and children's group homes is very limited. Therefore, any person needing those services will be considered for any available vacancy in the state for which they otherwise are a qualifying individual without regard to their city choices. In the event of a tie between two individuals the individual on the waiting list the longest would be offered the opening.

D. Non-Medicaid funds may be available if an individual has applied for Medicaid and has been determined to be ineligible. Refer to the Non-Medicaid Funding Instructions and Application.

VIII. Notifications and Timelines

A. When a resource vacancy becomes available, the Eligibility and Referral Specialist will set a screening date and post the vacancy via the Statewide Weekly Opening Report within 5 working days. A Screening must be held within 30 calendar days but no sooner than 14 working days from the posted vacancy.

B. The Eligibility and Referral Specialist is required to send a standardized written notification of selection or non-selection to each screened qualifying individual or their designee, with a copy to the individual's Case Manager within 10 working days of the screening date.

C. The Case Manager will present all of the options for qualified providers available to the person selected and determine which providers the individual wishes to meet within 10 working days of receipt of the screening notification selection letter. A written copy of the individual's choice of provider(s) must be submitted to the

Regional Quality Improvement Specialist. An extension may be granted by the Regional Office when there are extenuating or unusual circumstances.

D. The Case Manager will provide a copy of the referral and resource vacancy, as well as the Personal Support Plan, The Annual Health Care Checklist and any other requested documents to any qualified provider the individual has selected within three working days.

D. The provider (or providers) will have 5 working days after receipt of the referral to contact the Case Manager to set up a meeting with the individual or to request authorization to decline to offer services. The provider must meet in person with the individual before determining if they are able to serve them. In the event the provider (or providers) determines they are not able to serve the individual because they may not reasonably meet the health and safety, mental health or ancillary supports including compatibility needs, the agency CEO or designee will document that choice in writing to the Eligibility and Referral Specialist, Regional Manager, Quality Improvement Specialist and the Case Manager. The individual seeking services has the right to appeal the decision by the provider and request a "Fair Hearing" from the Department of Public Health and Human Services, Office of Fair Hearing.

E. The Case Manager has 5 working days to set up meetings between the provider (or providers) and the person.

F. The person has 5 working days following these meeting(s) to determine if he/she will accept the service(s) offered and to document his/her choice of provider.

H. The Case Manager is responsible for documenting the individual's choice of provider and providing that information to the Eligibility and Referral Specialist, the regional Quality Improvement Specialist and the providers with whom the selected individual met. If the individual refuses the service opportunity the alternate is offered the opening and the process begins anew, as referenced in Section VIII - B thru H. If there are not any alternates willing or able to accept the service opportunity the resource vacancy will be re-screened.

1. If the vacancy was for congregate living, the person must accept and utilize the vacancy in the location offered by the provider of origin.

2. If the provider is not able to serve, or refuses to serve the person selected in the congregate setting, the person selected has the option to choose other services besides congregate living with that provider or pursue services with another qualified provider in the state of Montana.

3. A person may not wish to meet with all qualified providers.
If there are providers that the person does not wish to consider, the Case Manager must document those choices.

4. If there are not any local providers able to provide services, the person will have the option to seek services from qualified providers at the county, regional or statewide levels. When the person accepting services wishes to utilize this option, the current vacancy amount remains available for the person to use elsewhere within Montana for a period of three months from the date documented on the notification letter. If no provider is willing to serve the person at the end of the three months, the funding will revert back to the Central Office and the resource vacancy will be re-screened.

I. An individual screened into a resource vacancy and accepted by a provider is expected to begin utilizing services within 45 working days from the date on the letter of notification. If an individual is currently in services and is screened into a new service opportunity, the individual must notify the current provider in writing, 30 days prior to the move to the new service provider, when there are not any transferable funds. Individuals screened into a vacancy who are currently in services with transferable funds must follow the Developmental Disabilities Porting Policy.

J. Resource vacancy dollars that remain unfilled for a period of three months will revert back to the Central Office.

K. Screening determination appeals may be presented to the Screening Review Board per ARM 37.34.335 or submitted to the Department of Public Health and Human Services, Office of Fair Hearing.

1. A request for a screening determination review by the Review Board must be mailed to the Services Coordinator, Department of Public Health and Human Services, Developmental Disabilities Program, P.O. Box 4210, Helena, Montana 59604-4210. A request for review must be sent in writing by United States mail within 10 working days of receipt of written notice of the Regional Screening Committee decision.

2. The following considerations affect how the decision of the Screening Review Board is determined:

   a. No materials will be reviewed by the Screening Review Board that were not available to the original screening committee. The Review Board looks at the minutes, the individual rating score sheets, the individual referral packets and MONA amounts of those selected to determine if screening policies and procedures were followed.

   b. Decision of the Screening Review Board is based on a majority vote determination.

   c. The Screening Review Board will meet and send written notification of its decision.

3. Decisions of the Screening Review Board may be appealed through the Department of Public Health & Human Services' Fair Hearing process as provided in 37.5.115, et. seq., ARM, by the family or person representing the interests of the person.

IX. Initiating Services:

The Individual Cost Plan (ICP) is developed by the provider, consumer/family and Case Manager after services begin. The resulting Individual Cost Plan cannot exceed the MONA allocation, or for Outliers the Estimated Individual cost Plan, resource vacancy, or the resources available for the vacancy. Available resources may include resources for the vacancy, current portable resources of the person selected, and any enhanced funds offered. If there are funds left over (e. g., the Individual Cost Plan is lower than the existing resource vacancy), those funds will be returned to the Regional Office to be re- allocated.

Director, Developmental Disabilities Program — Date: 6-15-11

Developmental Disabilities Program Web Manager — Date: 6/15/11